

OMB No: 0910-0915

Expiration Date: 06/30/2026

Paperwork Reduction Act Statement: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The public reporting burden for this collection of information has been estimated to average 1 minute per response. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to PRASStaff@fda.hhs.gov.

ATTACHMENT 20: Letter to Inform About Eligibility: Baseline and Replenishments

[OMB Control Number/Expiration Date and Full PRA Statement will be displayed within the letter]

[Date]

[Address #2]

[City, State, Zip]

Dear Parent or Guardian of [CHILD NAME],

Recently, a member of your household completed a questionnaire for the **Health and Media Study**. Based on their responses to the questionnaire, our records show that **[CHILD FNAME, AGE]** is eligible for the study. Your child, **[Child FNAME]**, would be one of approximately [INSERT NUMBER OF STUDY PARTICIPANTS] youth taking part in this study, and their participation is critical to the success of this important research. As a token of appreciation for their participation, they will be offered a **\$25** Visa gift card or **\$25** cash that will be mailed within two weeks of completing the survey and an additional **\$5 (\$30 total)** if they complete it on or before **[EARLY BIRD DATE]**.

[IF CHILD IS YOUNGER THAN 19 IN NE OR AL OR 18 IN ALL OTHER STATES, FILL THIS TEXT: Because **[CHILD FNAME]** is not yet [IF NE OR AL FILL 19/ALL OTHER STATES FILL 18] years old, a parent or legal guardian must provide permission online before they can complete the survey.]

To view more information about the study and to provide permission for your child to take the online survey:

1. **Visit [SURVEY LINK] (or scan the QR code below).**
2. **Enter your Participant Code: [PASSWORD] and PIN: [PIN]**
3. **Follow the on-screen instructions to review the study information and provide permission for your child to participate.**

Your help with this study is voluntary and greatly appreciated. All information provided will be kept private to the fullest extent allowable by law. You or your household will never be identified in any analysis, reports, or publications, and no one will try to sell you anything.

If you have any questions about this study, you can call the **Health and Media Study** assistance line toll-free at **[866-800-9177 or 877-834-7065]** or email us at **[HealthAndMediaStudy@rti.org]** or

HMS@rti.org]. If you have a question about your rights as a study participant, you can call Advarra's institutional review board (IRB) toll-free at **877-992-4724**.

Your help is very important to the success of this study, and I thank you in advance.

Sincerely,

You may also access the survey by scanning this QR code with your smartphone or tablet.

[QR CODE]

Please enter your **Participant Code:** [PASSWORD] and **PIN:** [PIN] once you are ready to begin.

Anna MacMonegle
Study Director
RTI International